

# AN ACT RELATIVE TO HEALTHY SCHOOL LUNCHES

SD1316/HD3770 | SPONSORED BY SENATOR LEWIS AND REPRESENTATIVE DAY



The Massachusetts Healthy School Lunch Bill will make healthier menus the default for the 1 in 4 Massachusetts students who depend on school lunch each day. An Act Relative to Healthy School Lunches (SD.1316/HD.3770), calls for strict limits on ultra-processed and disease-linked foods sold and served in publicly-funded Massachusetts schools, and requires the majority of lunch entrées be composed of minimally processed, health-promoting foods like local whole grains, fruits, vegetables, beans, nuts, legumes, and other fiber-rich proteins.

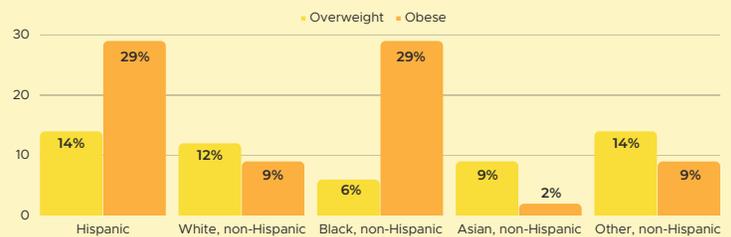
## A PUBLIC HEALTH CRISIS

- Poor dietary intake has been linked to a number of diseases and chronic conditions, including childhood obesity.
- Rising rates of obesity pose an urgent risk to the health of children in Massachusetts.
- Childhood obesity is associated with an increased risk of developing other chronic diseases like type-2 diabetes, asthma, and premature heart disease.
- Between 2016-2021 the incidence of obesity among MA youth ages 10-17 increased by 10%.
- The prevalence of childhood obesity has risen among all racial and ethnic subgroups over the past five years, but the growth has been more pronounced for communities of color and those living below the Federal Poverty Line.

## FIBER & NUTRIENTS

- Children aged 2-18 have the lowest USDA Healthy Eating Index score compared to every other age group.
- The average Bay State child's diet is made up of 60% ultra-processed food and food-type products.
- 86% of children in Massachusetts fail to consume the minimum recommended amount of fruits and 89% are unable to eat enough vegetables.
- A recent study found that students who eat both school breakfast and lunch are likely consuming less than half the recommended amount of fiber from school meals, highlighting the need for increasing fiber rich entrée items.
- Fiber inadequacy has been linked to allergic and autoimmune disorders, constipation and bowel diseases, type II diabetes, cardiovascular disease, and even certain cancers.

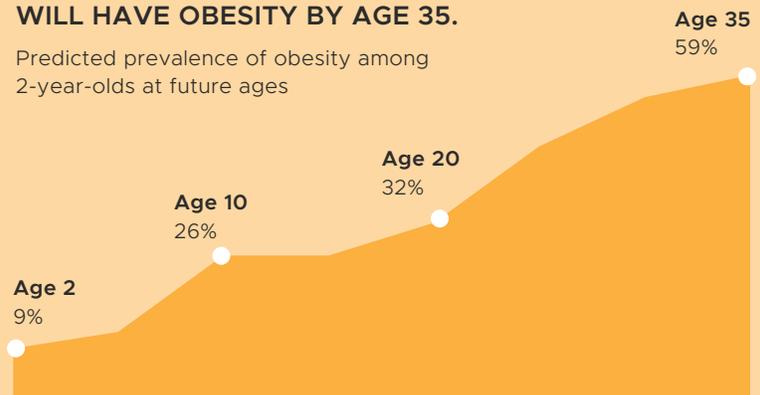
## PREVALENCE OF OVERWEIGHT/OBESITY AMONG MA CHILDREN AGE 10-17 BY RACE 2016-2020



<https://www.childhealthdata.org/browse/survey/results?q=9233&r=1&r2=23&g=971&a=17673>

## THE MAJORITY OF TODAY'S CHILDREN WILL HAVE OBESITY BY AGE 35.

Predicted prevalence of obesity among 2-year-olds at future ages



<https://www.hsph.harvard.edu/news/press-releases/childhood-obesity-risk-as-adults/>

## THE STATUS QUO IS TOO EXPENSIVE

- Policies that go beyond the federal standards have been shown to increase access to healthier foods, increase NSLP participation, and reduce costs.
- Chronic diseases could cost Massachusetts \$41.4 billion in medical costs and an extra \$16.6 billion annually in lost employee productivity (average per year 2016-2030).
- Projected total cost of chronic disease in Massachusetts is \$870 billion (2016-2030).

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## THIS FIRST-OF-ITS KIND NUTRITION SECURITY BILL...

- Requires corporate food service management companies that profit from selling food to schools limit the amount of ultra-processed foods (chicken nuggets, deli meats, hot dogs, etc) sold and served to children.
- Calls for stricter limits on food items high in disease-causing dietary cholesterol, saturated fats, and excess sodium on menus.
- Elevates the healthfulness of meals by ensuring entrées are composed of health-promoting, planet-friendly foods high in fiber including minimally processed whole grains, fruits, vegetables, beans, and legumes,

## THIS BILL MATTERS NOW BECAUSE...

- Public school students in MA now have access to Universal Free Meals, a huge step in the right direction toward food security, making now the perfect time to build on that success and focus on nutrition security in order to ensure those meals equitably promote health.
- The HSL Bill will provide essential nutrition support to the nearly 500,000 children in Massachusetts who depend on school food for up to half their daily nutrition needs.
- Diet-related diseases in children contribute to lower academic achievement, poorer test performance, increased absenteeism and negatively impact mental health.

### FACT SHEET SOURCES

[https://fns-prod.azureedge.us/sites/default/files/media/file/HEIScores\\_AllAmericans\\_byAgeGroup\\_NHANES2017-2018.pdf](https://fns-prod.azureedge.us/sites/default/files/media/file/HEIScores_AllAmericans_byAgeGroup_NHANES2017-2018.pdf)  
<https://www.childhealthdata.org/browse/survey/results?q=92338r=1&r2=23&g=971&a=17673>  
<https://www.hsph.harvard.edu/news/press-releases/childhood-obesity-risk-as-adults/>  
<https://www.mdpi.com/2072-6643/14/24/5386>  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8073026/>  
[https://www.fightchronicdisease.org/sites/default/files/download/PFCD\\_MA\\_FactSheet\\_FINAL1.pdf](https://www.fightchronicdisease.org/sites/default/files/download/PFCD_MA_FactSheet_FINAL1.pdf)  
<https://stateofchildhoodobesity.org/state-data/?state=ma>

## NUTRITION SECURITY REQUIRES



Food security



Nutrient-dense foods



Equitable access

Food security is defined as the availability and the access of food to all people; whereas nutrition security demands the intake of a wide range of foods which provides the essential needed nutrients.

National Library of Medicine

## WHICH SCHOOLS ARE IMPACTED

Only schools whose nutrition services are managed by a food service management company. Schools with nutrition services managed in-house are exempt.

## WHEN DOES IT TAKE EFFECT?

Each food service management company will have a phase in period of three years following the initial date of their most recent contract with their respective school food authority or by the first day of the school calendar year 2033-2034, whichever comes first.